



# “He hides behind the screen!”

## Patients’ views on GPs’ use of technology during consultation

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THE HULL YORK  
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# Dyadic to triadic encounters



# Data collection

Six focus groups with 31 participants: to explore patients' views regarding the potential of GPs using technological tools during consultation.

## Qcancer Symptom Checklist

## Review the symptoms and then calculate the Qcancer Score

Qcancer Cancer Risk

 %[View](#)

No previous entry

To view site specific Qcancer risk scores before reviewing symptoms, click Calculate then View. Then re-calculate after symptoms have been recorded.

☐ Cancer risk assessment done

Text

No previous entry

## Symptom Check List

The following check list is not exhaustive but allows the clinician to ensure that symptoms the patient is experiencing are included in the Qcancer calculation.

Qcancer uses a current symptoms algorithm therefore all symptoms should be reviewed and re-recorded if present.

Additional information from the medical record will also be evaluated and displayed in the Qcancer view dialogue.

Does the patient currently have.... (brackets denote how long symptoms are considered by Qcancer e.g. 1m for 1 month)

☒ - Appetite loss (1m)

No previous entry

☐ - Abnormal or Unexplained weight loss (1m)

No previous entry

☐ - Abdominal pain (1m)

No previous entry

☐ - Abdominal swelling (1m)

No previous entry

☐ - Difficulty swallowing liquids (1m)

No previous entry

☐ - Difficulty in swallowing solids (1m)

No previous entry

☐ - Indigestion (1m)

No previous entry

☐ - Heartburn (1m)

No previous entry

☐ - Cough (12m)[30-Jan-2013](#)☐ - Change in bowel habit (12m)

No previous entry

☐ - Constipation (12m)

No previous entry

☐ - Painless rectal bleeding (1m)

No previous entry

☐ - Painful rectal bleeding (1m)

No previous entry

☐ - Blood in vomit (1m)

No previous entry

☐ - Blood in sputum (1m)

No previous entry

☐ - Blood in urine (1m)

No previous entry

☐ - Lump on neck (1m)

No previous entry

|                                                                  |                   |
|------------------------------------------------------------------|-------------------|
| <input type="checkbox"/> - Painful rectal bleeding (1m)          | No previous entry |
| <input type="checkbox"/> - Blood in vomit (1m)                   | No previous entry |
| <input type="checkbox"/> - Blood in sputum (1m)                  | No previous entry |
| <input type="checkbox"/> - Blood in urine (1m)                   | No previous entry |
| <input type="checkbox"/> - Lump on neck (1m)                     | No previous entry |
| <input type="checkbox"/> - Night sweats (1m)                     | No previous entry |
| <input checked="" type="checkbox"/> - Spontaneous bruising (12m) | No previous entry |

#### Female Specific Check List

Does the patient currently have....

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| <input type="checkbox"/> - Post-menopausal bleeding (1m) | No previous entry |
| <input type="checkbox"/> - Inter-menstrual bleeding (1m) | No previous entry |
| <input type="checkbox"/> - Post-coital bleeding (1m)     | No previous entry |
| <input type="checkbox"/> - Breast lump (1m)              | No previous entry |
| <input type="checkbox"/> - Nipple discharge symptom (1m) | No previous entry |
| <input type="checkbox"/> - Deformation of breast (1m)    | No previous entry |
| <input type="checkbox"/> - Persistent mastalgia (1m)     | No previous entry |

#### Family History

|                                           |                      |                                |
|-------------------------------------------|----------------------|--------------------------------|
| Family History of Gastrointestinal cancer | <input type="text"/> | 06-Dec-2010 FH: * - gastr... » |
| Family History of Breast cancer           | <input type="text"/> | No previous entry              |
| Family History of Ovarian cancer          | <input type="text"/> | No previous entry              |

#### Clinical History

|                        |                                |                          |
|------------------------|--------------------------------|--------------------------|
| Smoking status         | <input type="text"/>           | 24-Jan-2014 20 /day »    |
| Alcohol status         | <input type="text"/>           | 28-Jan-2013 6 U/week »   |
| Height                 | <input type="text"/> cm        | 24-Jan-2014 160 cm »     |
| Weight                 | <input type="text"/> kg        | 16-Mar-2015 70 kg »      |
| Body Mass Index        | <input type="text"/> Calculate | 24-Jan-2014 29.3 kg/m2 » |
| Haemoglobin estimation | <input type="text"/> g/L       | No previous entry        |

# Patients' understandings of CDS tools

*“It might flag something up that’s only a potential indicator presumably [so] it’s good to know that there is this sort of drop-down menu of additional questions and so on.” (Gregory, FG5)*

*“If it’s going to guide the GP, particularly if they’re not clued up, that’s going to be a fantastic tool, erm, provided all the information’s been fed into your records.”*

*(Martin, FG4)*

# Three-way communication?

*“They seem more interested in what’s being brought up on the computer and what is being printed out, you know, they don’t look face to face with you.”*  
(Nancy, FG6)

*“A lot of people think, oh, he didn’t take any notice, he just sat there with his head down looking at his computer then wrote something, so you’ve got to have that interactive bit as well. ”* (Sandra, FG1)

*“It’s another useful tool in the armoury, but you still have to have a GP who listens to patients and who’s, you know, picking up on symptoms and entering them in.”* (Jill, FG5)

# Sharing the screen with patients

*“The doctor I have, she will turn the screen and show me it on the screen ... not all the time, but in some instances she will show me.” (Betty, FG6)*

*“If they're looking at the computer I'm afraid I look at it as well. I think if they've got the right to look at that then I'll have a look at it at the same time.” (Keith, FG6)*

*“He hides behind the screen! Instead of saying, this is what's on the screen and perhaps even trying to explain, it's always hidden. It's the lack of communication. The computer screen comes between the doctor and me and the kind of secrecy, unfortunately it generates a general distrust in the whole procedure.” (Daniel, FG3)*

# Complexity of GPs sharing CDS tools with patients

*“These checklists for various cancer symptoms, if they’re going to ask you that on a visit, how much time is that going to take out of your allotted appointment time?”*  
(Sheila, FG6)

*“If it gets associated with box-ticking there is a risk, so it’s not what you’re doing that’s the problem, but it’s the perception of the person at the receiving end who has been asked questions.”* (Daniel, FG3)

*“If the doctor says, ‘have a look at this’, that can set all sorts of alarm bells ringing in your mind which need to be resolved.”* (Gregory, FG5)

*“Give them the tools and the training, but then you’re really dependent upon them using their traditional skills.”* (Mark, FG2)

# Technology in practice



# Conclusion: integrating CDS tools in practice

- Participants were largely accepting of CDS but expect tools to be used in an inclusive way.
- Lay insight into the increasing use of electronic tools in primary care sounds some warning notes about the perceived risk to the doctor-patient relationship.
- Findings highlight the importance of training GPs and medical students regarding the incorporation of computers into the clinical encounter.



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